

UTMB RESPIRATORY CARE SERVICES PROCEDURE – Pediatric High flow Nasal Cannula Protocol	Policy 07.04.18. Page 1 of 3
	Effective: 5/21/2025

Pediatric High Flow Nasal Cannula Protocol

Purpose: Safely provide adequate flow and oxygen to pediatric patients

Exclusions: Neonatal and Adult patients

Scope: Respiratory Therapy, Nursing staff, Providers

Procedure:

- Follow the algorithm on page 2
- Scoring process can be found in Epic
- Once respiratory score is obtained place patient on designated Liter/min/kg
- Patients in the Mild range or score 1-4 can be placed on a low flow device (see O2 per protocol policy)
- Patients who score in moderate or severe ranges require a high flow device
- See page 2 for Flow Chart and starting LPM
- Set FIO2 to keep SPO2 $\geq$ 95%
- Patients should be scored Q2-4 hours and PRN by an interdisciplinary team member
- If the score remains stable proceed to wean FIO2 5-10% Q2-4 hrs until patient's SPO2 $\geq$ 95% on 30% FIO2
- When patients have been weaned to 30% FIO2 flow can be weaned at a rate of 0.5L-1L/min/kg Q2-4 hours dependent upon patients' respiratory score improving/remaining stable
- If patient's score increases, escalate to the next step (0.5L/min/kg) and report to provider
- Patients who are unable to stabilize/improve on 2L/min/kg notify the provider immediately and consider NPPV
- Once patient is on 0.5L/min/kg and score is mild consider discontinuing HFNC

Provider Notification:

- Notify provider if patient requires a return to previous settings
- Notify provider if patient does not improve and care is escalated
- **Document provider notification in the medical record**

Documentation:

- Document all changes in chart
- Document all notifications to provider
- Document all vital signs pre/post changes

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OXYGEN TITRATION PROTOCOL PEDIATRICS

